

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN10ADA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/24/2008
NAME OF PROVIDER OR SUPPLIER BRISTLECONE FAMILY RESOURCES, SAGEWIND SI1		STREET ADDRESS, CITY, STATE, ZIP CODE 1725 S MCCARRAN BLVD RENO, NV 89502		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comment The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. This Statement of Deficiencies was generated as a result of a Complaint Investigation conducted at your facility on 11/24/08. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. Complaint #NV00019752 was substantiated with deficiencies.	D 000		
D 132 SS=F	NAC 449.129(3) Construction Standards 3. Facilities housing 17 or more clients must meet the requirements of the chapter entitled " New Hotels and Dormitories, " of the edition of NFPA 101: Life Safety Code, adopted by reference pursuant to NAC 449.0105. Those facilities housing not more than 16 clients must meet the requirements of the chapter entitled " Lodging or Rooming Houses, " of the edition of NFPA 101: Life Safety Code, adopted by reference pursuant to NAC 449.0105. This Regulation is not met as evidenced by: Based on observations on 11/24/08, the facility failed to comply with the National Fire Protection Association (NFPA) 101 Life Safety Code (LSC) 2006 edition.	D 132		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN10ADA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/24/2008
NAME OF PROVIDER OR SUPPLIER BRISTLECONE FAMILY RESOURCES, SAGEWIND SI1			STREET ADDRESS, CITY, STATE, ZIP CODE 1725 S MCCARRAN BLVD RENO, NV 89502		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
D 132	<p>Continued From page 1</p> <p>The following deficiencies were identified:</p> <p>Chapter 28 New Hotels and Dormitories.</p> <p>28.2.2.2 Doors.</p> <p>28.2.2.2.1 Doors complying with 7.2.1 shall be permitted.</p> <p>7.2.1.8 Self-Closing Devices.</p> <p>7.2.1.8.1 A door normally required to be kept closed shall not be secured in the open position at any time and shall be self closing or automatic-closing in accordance with 7.2.1.8.2, unless otherwise permitted by 7.2.1.8.3.</p> <p>Based on observation on 11/24/08, 1 of 2 fire doors were propped open.</p> <p>Findings include:</p> <p>A door wedge was observed holding open the fire door located on the second floor west men's wing. The door was equipped with a magnetic holder and the magnet would not hold the door in the open position.</p> <p>This was a repeat deficiency from the survey dated 4/3/08.</p> <p>Chapter 28 New Hotels and Dormitories.</p> <p>28.2.5 Arrangement of Means of Egress.</p> <p>28.2.5.1 Access to all required exits shall be in accordance with section 7.5, as modified by 28.2.5.2.</p>	D 132			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN10ADA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/24/2008
NAME OF PROVIDER OR SUPPLIER BRISTLECONE FAMILY RESOURCES, SAGEWIND SI1			STREET ADDRESS, CITY, STATE, ZIP CODE 1725 S MCCARRAN BLVD RENO, NV 89502		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
D 132	Continued From page 2 7.5 Arrangement of Means of Egress. 7.5.1 General. 7.5.1.1 Exits shall be located and exit access shall be arranged so that exits are readily accessible at all times. Based on observation on 11/24/08, 1 of 6 exit doors were blocked. Findings include: The exit door located on the women's southeast first floor wing leading to the exterior deck area was blocked by two chairs. The exit door was designated by an illuminated exit sign. This was a repeat deficiency from the survey dated 4/3/08. Severity: 2 Scope: 3	D 132			
D 242 SS=F	449.144(8) Medication 8. Any unused prescription medication left behind at a facility by a client must be destroyed by the administrator or his designee in the presence of a witness, and a notation indicating that the medication was destroyed must be made on the client ' s record. At the time a client is discharged or leaves the facility, medications that are currently being self-administered must be sent, in the original container, with the client or a responsible agent of the client. This Regulation is not met as evidenced by: Based on observation, record review and interview on 11/24/08, it was determined the	D 242			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN10ADA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/24/2008
NAME OF PROVIDER OR SUPPLIER BRISTLECONE FAMILY RESOURCES, SAGEWIND SI1			STREET ADDRESS, CITY, STATE, ZIP CODE 1725 S MCCARRAN BLVD RENO, NV 89502		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
D 242	Continued From page 3 facility was not destroying unused client medication. Findings include: In the medication room, three zip-lock bags with medications dated 7/08, 8/08 and 9/08 were observed. The administrator stated, "Those are unused medication that are to be destroyed." Review of facility policy revealed, "medication that does not go with clients when they leave the facility will be destroyed in the first week of the following month." The administrator stated, "We're not following our policy." This was a repeat deficiency from the survey dated 4/3/08. Severity : 2 Scope: 3	D 242			
D 246 SS=F	NAC 449.147(2) Dietary Services 2. Menus must be planned and followed to meet the nutritional needs of the residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. This Regulation is not met as evidenced by: Based on interviews and record review on 11/24/08, the facility did not ensure that menus were planned and followed to meet the nutritional needs of the residents. Findings include: An inspection of the kitchen revealed that menus had not been developed or followed. There was a meal folder in which the cooks wrote what they	D 246			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN10ADA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/24/2008
NAME OF PROVIDER OR SUPPLIER BRISTLECONE FAMILY RESOURCES, SAGEWIND SI1		STREET ADDRESS, CITY, STATE, ZIP CODE 1725 S MCCARRAN BLVD RENO, NV 89502		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 246	Continued From page 4 had prepared that day for lunch and dinner. Employee #2 stated that there were no menus to follow because he planned meals a day in advance by asking residents what they would like to eat and then took out the appropriate meats from the freezer to the refrigerator to be defrosted. Employee #3 stated she was unaware that menus were to be planned in advance. Severity: 2 Scope: 3	D 246		
D 248 SS=F	NAC 449.147(4) Dietary Services 4. Menus must be in writing, planned in advance, dated and posted and kept on file for 90 days. Any substitution must be noted on the written menus so that the menu on file reflects what was actually served. This Regulation is not met as evidenced by: Based on observation and interview on 11/24/08, the facility did not plan, date, post or keep menus on file for 90 days. The facility did not keep a record of food substitutions. Findings include: A tour of the kitchen revealed that menus had not been posted or dated. Employee #3 admitted that menus were not planned in advance, dated or kept on file. Employee #2 stated that meals were documented on the day of preparation. Severity: 2 Scope: 3	D 248		
D 250 SS=F	NAC 449.147(6)(a-d) Dietary Services 6. A facility with more than 10 clients must:	D 250		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN10ADA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/24/2008
NAME OF PROVIDER OR SUPPLIER BRISTLECONE FAMILY RESOURCES, SAGEWIND SI1		STREET ADDRESS, CITY, STATE, ZIP CODE 1725 S MCCARRAN BLVD RENO, NV 89502		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 250	<p>Continued From page 5</p> <p>(a) Comply with all applicable provisions of chapter 446 of NRS and the regulations adopted pursuant thereto;</p> <p>(b) Obtain the necessary permits from the Bureau of Health Protection Services of the Health Division;</p> <p>(c) Maintain a report of each inspection concerning the sanitation of the facility for at least 1 year after the date of the inspection; and</p> <p>(d) Maintain a report of each corrective action taken to address a deficiency noted in a report described in paragraph (c) for at least 1 year after the date of the corrective action.</p> <p>This Regulation is not met as evidenced by: Based on observation, interview, and record review on 11/24/08, the facility did not comply with all applicable provisions of chapter 446 of NRS.</p> <p>Findings include:</p> <p>During an inspection of the facility's kitchen, dining, and food storage areas, the following observations were made:</p> <p>Food storage: In the dry food storage room, cans were stacked to four inches from the ceiling and boxes were stored directly on the floor. This did not meet the required regulation of storing items eighteen inches from the ceiling and six inches off the floor. In the dining room cabinets, cereal and chips were unsealed.</p> <p>Refrigerators: There were no temperatures taken for the "milk and juice" refrigerator in the dining</p>	D 250		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN10ADA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/24/2008
NAME OF PROVIDER OR SUPPLIER BRISTLECONE FAMILY RESOURCES, SAGEWIND SI1		STREET ADDRESS, CITY, STATE, ZIP CODE 1725 S MCCARRAN BLVD RENO, NV 89502		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 250	Continued From page 6 area since 11/21/08. The kitchen refrigerator contained cottage cheese with an expiration date of 11/20/08. There was a bag of ham and a bag of cheese with a date of 11/17. Many opened and prepared food items in both of these refrigerators were not labeled or dated. Employee #2 stated there was no policy regarding the labeling and dating of food. This was a repeat deficiency from the survey dated 4/3/08. Severity: 2 Scope: 3	D 250		
D 253 SS=F	NAC 449.147(9) Dietary Services 9. A qualified person must be used as a consultant on planning meals and serving food. Consultation each month is required. A qualified person may be a person meeting the requirements for registration with the Commission on Dietetic Registration as either a registered dietitian or a registered dietetic technician. This Regulation is not met as evidenced by: Based on interview on 11/24/08, the facility failed to use a qualified person (registered dietitian or registered dietetic technician) as a consultant each month on planning meals and serving food. Findings include: An interview with the Employee #3 revealed that the facility did not use a qualified person as a consultant each month on planning meals or serving food. Severity: 2 Scope: 3	D 253		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN10ADA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/24/2008
NAME OF PROVIDER OR SUPPLIER BRISTLECONE FAMILY RESOURCES, SAGEWIND SI1			STREET ADDRESS, CITY, STATE, ZIP CODE 1725 S MCCARRAN BLVD RENO, NV 89502		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.